



Maine Center for Disease
Control and Prevention
*An Office of the
Department of Health and Human Services*

Maine Center for Disease Control and Prevention (Maine CDC)
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FAX Maine EDRS Enrollment Form - To: EDRS Enrollment
Fax: 207-287-2681

Please print the following information clearly and **COMPLETELY**.

Please place a checkmark on the method of training you have received.

____ Online Training ____ Web-ex Training ____ On-Site Training

To be completed by participant:

Name: _____
(First) (Middle) (Last)

Facility: _____
☐ Check if affiliated with multiple facilities and list them on this sheet.

Phone: _____ Fax: _____ Email: _____

Street Address: _____

City/Town: _____ County: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City/Town: _____ County: _____ State: _____ Zip: _____

Signature of Participant: _____
(I certify that the above information is true and correct to the best of my knowledge.)

Witness Signature: _____ Print Name: _____

Check the box next to your user type/EDRS role; your title and enter your professional license number:

Medical Facility: ☐ Medical Certifier* ☐ Medical Certifier Staff ☐ Other _____

Medical Examiner: ☐ Medical Examiner* ☐ Medical Examiner Staff ☐ Other _____

Professional Title: ☐ MD ☐ DO ☐ PA ☐ CNP/M License Number _____

*Indicates Signing or Certification Role

Medical Providers – Please Read:

The EDRS system is designed that when there is a case that requires action, an external email notification is automatically sent to all medical certifier users at the selected facility. For example, if a Funeral Director does a Request Medical Certification to Dr. Joe Smith at Eastern Maine Medical Center, all medical certifier users at Eastern Maine Medical Center will receive the external email, not just Dr. Joe Smith.

If you do not want to receive external email notifications, we can turn this feature off. However, once we turn off this feature, you will no longer be able to receive any emails, including emails involving your own cases. You will, however, receive your internal “messages” in the Messages frame found on the Main Menu.

☐ I do not want to receive external emails ☐ I want to receive all external emails

Electronic Death Registration System (EDRS) Confidentiality and Non-disclosure Statement

The State of Maine has implemented an electronic death registration system (EDRS). This secure, web-based system will enable the multiple parties involved in producing death certificates (funeral directors, health care providers, and medical examiners) to electronically access records and enter critical information. For deaths that occur after deployment of the system, municipalities with internet access will be able to use the system to print copies of death certificates for their customers. The Chief Information Officer (CIO) is by law, responsible for safeguarding computerized information for the State of Maine. The CIO has determined that individuals who use State of Maine computer resources directly, or who may otherwise have access to computerized information of the State of Maine, be advised of the following:

1. Any USERID and password issued to you is for your exclusive personal use only, and must not be divulged to anyone.
2. You may use State of Maine computer resources for business purposes only and only through those processes/programs specifically authorized to you by the Bureau of Information Services or its agent(s).
3. Title 17-A Section 432 MRSA states: "A person is guilty of criminal invasion of computer privacy if the person intentionally accesses any computer resource knowing that the person is not authorized to do so."
4. Title 17-A Section 433 MRSA states: "A person is guilty of aggravated criminal invasion of computer privacy if the person:
A. Intentionally makes an unauthorized copy of any computer program, computer software or computer information, knowing that the person is not authorized to do so; B. Intentionally or knowingly damages any computer resource of another person, having no reasonable ground to believe that the person has the right to do so; or C. Intentionally or knowingly introduces or allows the introduction of a computer virus into any computer resource, having no reasonable ground to believe that the person has the right to do so."

Individuals having access to computerized information belonging to the State of Maine are required to read and sign a copy of this statement indicating their acknowledgment and understanding of it.

By signing this document I hereby agree to abide by all Maine laws and regulations regarding the creation, submission or issuance of death and/or birth certificates during my use of the Database Application for Vital Events (DAVE). I understand that every individual who is authorized to access EDRS/EBRS holds a position of trust relative to this information and must recognize the responsibilities entrusted to him/her in preserving the security and confidentiality of this information.

Signature

Date

Name (Printed or Typed)

Name of Medical Establishment

Maine State Office Use Only

I attest that the information presented by the above-named participant, and that to the best of my knowledge, the participant is eligible to sign or certify vital records in Maine.

Account Created on _____ Signature of State Official _____

Username _____ Print Name _____

☐ Setup in EDRS ☐ Send email ☐ Add to participant list ☐ Add to web list